4647-88-5390

Existing

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 21238 PIN# 4647876975 DATE 2-19-2002

OWNER OR CONTRACTOR L. Tyrone Stoner PHONE: Business _____ Home (704) 872-3015

ADDRESS 122 Felicity Ln. Mooresville, NC 28117

LOCATION Hwy 21 N to Oates Rd TR Scarlett Oaks MH Park on back row on right

SUBDIVISION Scarlet Oaks BLOCK / SECTION _____ LOT 5 & 6 LOT AREA _____ SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I II III IV V VI

System Description: Existing Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 No. Employees ___

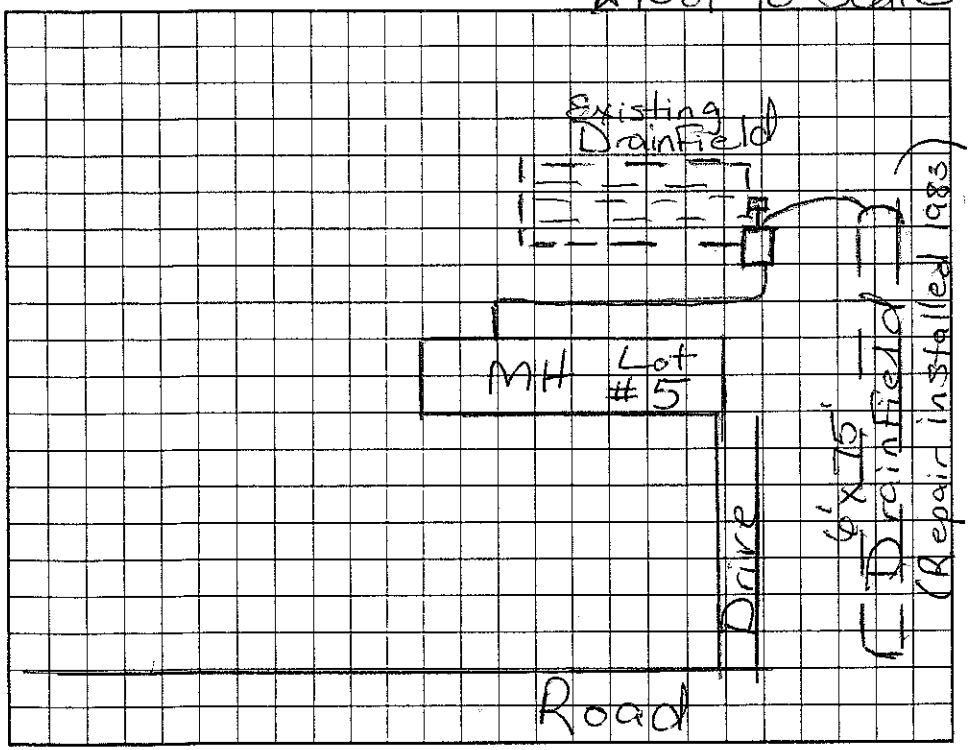
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: Existing Septic system appears to be functioning okay at time of inspection, NO problems Noticed.

Comments/Conditions: Note: Septic system originally permitted for 2 MH, total of 6 bedrooms Old permit attached.

INITIAL SITE SKETCH ☆ Not to Scale



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____ Installed by: _____

Improvement Permit by: Maina H. Dotson RS date 2/19/02 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maina H. Dotson RS date 2/19/2002

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK